

S/N: TBA

1/29/2004

Docket No.: TAK-168-USAP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.: TO BE ASSIGNED

Confirmation No.: TO BE ASSIGNED

Applicant: Masaki TAKABAYASHI et al.

Art Unit: TO BE ASSIGNED

Filed: January 29, 2004

Examiner: TO BE ASSIGNED

Docket No: TAK-168-USAP

Customer No: 28892

For: Cover and Decorative Cover for a Clip and Clip Set and a Nail Cover in Combination With a Plastic Clip

UTILITY PATENT APPLICATION TRANSMITTAL
IN ACCORDANCE WITH 37 CFR §1.53 (b)

US Patent & Trademark Office
2011 South Clark Place
Customer Window, Mail Stop: PATENT APPLICATION
Crystal Plaza Two, Lobby, Room 1B03
Arlington, VA 22202

Sir:

This application is a:

X New Application.

___ Continuation

___ Divisional of U.S.P.T.O. Serial Number ___, filed ___.

___ Continuation in Part of U.S.P.T.O. Serial Number ___, filed ___.

The undersigned has been authorized by the Applicant(s),

Masaki TAKABAYASHI

Eijiro TAKI

Taizo NODA

FOR: Cover and Decorative Cover for a Clip and Clip Set and a Nail Cover in Combination With a Plastic Clip

to file the attached specification and required drawings. Please assign a serial number and accord a filing date to this prospective application.

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Enclosed are:

- 17 pages of Specification,
5 page(s) of Claims,
1 page of an Abstract, and
17 sheets of Drawings. Total pages in the disclosure are 40
X Return Receipt Postcard (MPEP 503).
X Application Data Sheet
X Newly Executed Oath or Declaration with Power of Attorney
 ___ Signed Statement deleting inventor(s) named in prior application.
X Applicant claims Small Entity status under 37 CFR §1.27.
X Assignment of the Invention and \$80.00.
X A certified copy of Priority Document.
 ___ A Preliminary Amendment.
 ___ Letter to the Official Draftsperson and amended drawing(s).
X Information Disclosure Statement (IDS)/PTO Form 1449/1 Reference.
X The basic filing fee of \$385.00.
X The fees for the claims to be calculated as follows:

Claims Presented		Less Entitlement		Additional Fees			
				Small Entity		Large Entity	
Total	12	Minus	20	x \$9=	0.00	x \$18=	0.00
Indep.	8	Minus	3	x \$43=	215.00	x\$86=	0.00
New Multiple Dependent Claims		-0-		x\$145=	0.00	x\$290 =	0.00
And Claims Dependent Thereon		-0-		x\$145=	0.00	x\$290 =	0.00
TOTAL ADDITIONAL FEE				215.00		0.00	

X A check in the total amount of \$680.00 is enclosed to cover filing fee, Recordation of Assignment fee, and excess claims fee.

X The Commissioner is hereby authorized to charge to my Deposit Account No. 19-2816 any fees required under any of 37 CFR §§1.16 to 1.17 at any time during the pendency of this application.



Ronald R. Snider
Attorney of Record
Registration No. 24,962

Date: January 29, 2004

Snider & Associates
Ronald R. Snider
P.O. Box 27613
Washington, D.C. 20038-7613
(202) 347-2600

RRS/bam